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PTO/SERS (08-03)
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to a collection of information unless it displays a valid DAMA control number

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											8/_
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	NUMBE	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC G7 CF	FEE R 1.16(4))							<u> </u>	OR		<u></u>
YOYA	FR 1.16(4)		minut 20 •				× 4		OR	×	
NOE	ENDENT CLAM FR 1.16(0))	s	calcus 3 •		• •		x 1		OR	x & •	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR L16(40)							+5		OR	<u> • • •                                 </u>	
* If the difference in column 1 is less than zero, enter 'V' in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
A B							SMALL	YIIIN	OR	OTHER	
4	18-105	(Column 1)		HOHEST	PRESENT	İ	RATE	ADOL	1	RATE	ADOL
5		REMAINING AFTER	P	NUMBER REVIOUSLY PAID FOR	EXTRA		Mic	TIONAL FEE /	]		TIONAL, FEE
MENT	Total croft Lyton	AMENDMENT 24	Minus	24	•	L	x 5=		OR	x 1	
ENDM	Independent groff Listed	्र	Minus "	-7	•		x s = ,		OR	x s=	
ş		ATTOMOS MUNTIPLI	DEPENDENT	TOJOL DZ CR	R i.1660)		+3 •		OR	+1=	<i>'</i>
RRST PRESENTATION OF MULTIPLE DEPENDENT QUALITY (\$1 CFR 1.144)							TOTAL ADD'L FEE	7	OR	TOTAL ADO'L FEE	$\mathcal{I}$
103/21/06											
H	10 (1)	(Column 1) CLAIMS	T.T	HOHEST NUMBER	PRESENT	1	RATE	ADD+	1	RATE	ADDI-
뒫	,	REMAINING AFTER AMENDMENT	]	PREVIOUSLY PAID FOR	EXTRA			TIONAL			TIONAL
AMENDMENT	Total or ore sugge	24	Minus	24	. 8	1	x 5		OR	×.50	0
	Independent OF CFR 1.1600	1 3,	Minus	3	· Ø	1	x s=		OR	620	0
A	FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAM (37 CFR 1.1600)				1	• 3		OR	+1 ==		
							TOTAL ADO'L FEE	<u>.</u>	OR.	ADOIL FEE	
1/1	12911	(Cotumn 1)		(Caturan 2)	(Column 3)				_		
1	<del>~ 1160 -</del>	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	1	RATE	ADOI-	1 .	RATE	ADDI- TIONAL
Ę		AFTER.		PREVIOUSLY PAID FOR	EXTRA			TIONAL			FEE
l w	Total profit Liston	25	Winus	24	1. 1.		X 8=		_] or	x . 50 .	50
MENDM	Independent 07 GFR 1.1600	1.5	Minus	-3	· 2	]	x se		_ OR	x 200	1400
MA		ITATION OF MURTIP	LE DEPENDE	NT CLASS (37 C	FR 1.18(A)		+8 .	<u> </u>	_		<del>                                     </del>
							TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE	450
If the entry in column 1 is less than the entry in column 2, write '0' in column 3.  If the "Eighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Eighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											
1 .	" If the "Flighest	Number Previous	y Paid For	CH THES SPACE	to foce than 3	, en	ler "3".	L- 15-0	ulute tura la	ookenn 1.	

"If the "Highest Number Previously Paid For" IN 1995 SHALE is test users a, case: 3.

The "Highest Number Previously Paid For" (Total or independent) is the highest number lound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fire (and by the USPTO to procest) an application. Conditionalistly is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, USPTO to procest; an application. Conditionalistly is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, propering, and submitting the complete opposition from to the USPTO. Time will vary depending upon the infloridust case. Any comments in the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete the formation of the USPTO TOTAL 
If you need essistance in completing the form, call 1-800-PTO-9199 and select option 2

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